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# *BACKFLOW PREVENTION ASSEMBLY TEST & MAINTENANCE REPORT*

OWNER: _____ ADDRESS: _____

MANUFACTURER: _____ MODEL: _____ SIZE: _____ TYPE: _____

SERIAL NUMBER: _____ LOCATION: _____

| | REDUCED PRESSURE PRINCIPLE ASSEMBLY / DOUBLE CHECK VALVE ASSEMBLY | | | LINE PRESSURE _____ |
|---|---|---|---|---|
| | CHECK VALVE #1 | CHECK VALVE #2 | RELIEF VALVE | PVB / SVB |
| INITIAL TEST | HELD AT _____ PSID<br>CLOSED TIGHT ☐<br>FAILED ☐<br>LEAKED ☐ | HELD AT _____ PSID<br>CLOSED TIGHT ☐<br>FAILED ☐<br>LEAKED ☐ | OPENED AT ____ PSID<br>DID NOT OPEN ☐ | AIR INLET<br>OPENED AT _____ PSID<br>Y N<br>OPENED FULLY ☐ ☐ |
| REPAIRS | ☐ CLEANED<br>☐ REPLACED | ☐ CLEANED<br>☐ REPLACED | ☐ CLEANED<br>☐ REPLACED | CHECK VALVE<br>HELD AT _____ PSID<br>CLOSED TIGHT ☐<br>FAILED ☐<br>LEAKED ☐<br>☐ CLEANED<br>☐ REPLACED |
| FINAL TEST | HELD AT _____PSID<br>CLOSED TIGHT ☐ | HELD AT _____ PSID<br>CLOSED TIGHT ☐ | OPENED AT ____ PSID | AIR INLET _____PSID<br>CHECK VALVE _____ PSID<br>CLOSED TIGHT ☐ |

PASS ☐ FAIL ☐ PURVEYOR_____

COMMENTS _____

_____

INITIAL TEST (SIGNATURE) PRINT NAME CERT. TESTER NO. DATE

_____

FINAL TEST (SIGNATURE) PRINT NAME CERT. TESTER NO. DATE

_____

TESTER'S COMPANY NAME TESTER'S PHONE NUMBER